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CONFIRMATION NO. 3915

<b>SERIAL NUMBER</b> 10/776,383	<b>FILING OR 371(c) DATE</b> 02/11/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> MOUSA-6043
<b>APPLICANTS</b> Shaker Mousa, Wynantskill, NY; Sarah Mousa, Wynantskill, NY;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 11/04/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 30
Verified and Acknowledged Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 3	
<b>ADDRESS</b> JACK P. FRIEDMAN, Ph.D. Schmeiser, Olsen & Watts 22 Century Hill Drive Suite 302 Latham, NY 12110				
<b>TITLE</b> METHOD FOR TREATING OCCLUSIVE VASCULAR DISEASES & WOUND HEALING				
<b>FILING FEE RECEIVED</b> 527	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	